

Your Public Health Program Area / Measure:		
Survey Questions to be completed during Registration Process	Possible Answers or Free Text	Provider response
Organization Questions:		
Name of the Organization	Free Text	
Organization type	Please reply either 'Hospital' or 'Provider'	
Is your organization currently entering data in the NCIR?	Please reply either 'Yes' or 'No'	
If yes, provide your organization name as listed in the NCIR.	Conditional Yes – if yes then type in your organization name as it appears in NCIR	
If no, then NCIR will set up your Organization and Site information during the onboarding process. Do you need NCIR to send the organization details needed? NCIR will send the details needed to set this up by e-mail or fax.	Conditional Yes	
Does your organization participate in the VFC Program? (That is, does your Organization order and receive state supplied vaccines?)	Please reply 'Yes or No'	
Reporting Period Start Date & End Date	Please reply the date in this format (Month/Day/Year)	
The provider's single point of contact (primary) for NCIR submission (name, title, email, phone, address, fax)? This person will be the NCIR point of contact.	Free Text	
Who in your organization will correct error rejects and warnings generated from Interface daily? List name and phone number.	Please List Name and Phone number.	

EHR Questions:		
List EHR Vendor name, contact name, phone, email	free text	
List EHR product software name and version number	free text	
Is your EHR/EMR capable of sending HL7 2.5.1 transactions	Please reply either 'Yes' or 'No'	
If HL7 2.5 capable, is your EHR/EMR capable of creating VXU 2.5.1 messages?	Please reply 'Yes', 'No' or 'I don't know'	
If HL7 2.5 capable, is your EHR/EMR capable of accepting and processing ACK HL7 2.5.1 messages?	Please reply 'Yes', 'No' or 'I don't know'	
If HL7 2.5 capable is your EHR/EMR capable of creating 2.5.1 QBP messages and accept resulting RSP messages?	Please reply 'Yes', 'No' or 'I don't know'	
Which of the following interfaces are you planning to implement?	1. Update transaction (HL7 2.5 VXU/ACK) 2. Query/Response (HL7 2.5 QBP/RSP) 3. Both of above.	
If implementing Query/Response, do you plan to use NCIR series and/or recommendation information to display in EMR? [NCIR can turn these features as needed.]	Please reply 'Yes', 'No' or 'I don't know'	
Does your EHR/EMR support real-time messaging	Please reply 'Yes', 'No' or 'I don't know'	
Do you have a test environment? NCIR will perform Onboarding in the Test environment and on successful completion initiate data reception in production.	Please reply either 'Yes' or 'No'	

Immunization Questions:		
If VFC provider, does your EHR/EMR have the ability to capture eligibility codes for VFC doses?	Please reply either 'Yes' or 'No'	
Does your EHR/EMR have the ability to capture dose-level inventory information like Lot Number, dose size, expiration date, manufacturer and VIS date?	Please reply either 'Yes' or 'No'	
What type of patients do you administer vaccines to? Select one or more entries.	Please select more than one if needed (Pediatric, Adolescent and Adult)	
Does your EHR/EMR collect Historical immunizations?	Please reply either 'Yes' or 'No'	
*Approximately, how many clients do you see in your organization per month?	free text	
How many immunizations do you administer per month?	free text	
NCIR will send a list of possible Trade Names administered by an organization. List the contact person who will be able to confirm the list of trade name administered in your organization as well as provide a list of clinicians and ordering authority in your organization?	Please list name and phone number	
*Do you set up or plan to set up privately purchased vaccine in the NCIR?	Please reply either 'Yes' or 'No'	